

Parcel ID # _____

PERMIT # _____

Oneida County Zoning
P.O. Box 400
Rhinelander, WI 54501

ONEIDA COUNTY
ZONING PERMIT APPLICATION
*(Permit must be posted in a conspicuous
location prior to and during construction)*

Complete in black or blue ink only

Office Use Only:Photos to be scanned? ☐ Yes ☐ No

File name: _____

Owner's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -		E-mail:	
Applicant's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -		E-mail:	
Contractor's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -		E-mail:	

PROPERTY INFORMATION

Section:	Town:	Range:	Acres:
Legal Desc (¼ ¼ , Gov't Lot, CSM)			
Subdivision and Lot #:			
Address and directions to property:			
Check one: <input type="checkbox"/> Shoreland property (within 1000' of lake or 300' from stream/river) <input type="checkbox"/> Non-shoreland property (If this is shoreland property, a Shoreland Alteration Permit may be required)			
Name of navigable water property abuts:			
Is property adjacent to a wetland, which is contiguous to a navigable water body?			
Be advised that other permits may be required by other agencies such as town permits, State Building Permits for Uniform Dwelling Code requirements, driveway permits, and address application through Oneida Co. _____ owner/agent initials			
Is the proposed structure located within 330 ft of a public roadway that is intersected by a railroad? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the excavated area greater than 10,000 sq ft? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the percent slope where the construction or excavation is taking place? _____	
Type: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple family <input type="checkbox"/> Business <input type="checkbox"/> Mobile home park		Use: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal	
Construction type: <input type="checkbox"/> Site constructed <input type="checkbox"/> Mobile Home <input type="checkbox"/> Manufactured <input type="checkbox"/> Other (specify) _____		Water supply: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other _____	
Sanitary/Sewer: <input type="checkbox"/> Sanitary Permit # _____ <input type="checkbox"/> Existing septic system evaluation date: _____ <input type="checkbox"/> Sanitary district connection <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Number of bedrooms upon completion: _____		Foundation: <input type="checkbox"/> Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Walkout <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab <input type="checkbox"/> Other (specify) _____	

Check all that apply:

- | | | | |
|------------------------------------------------|----------------------------------------|----------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Garage | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Storage shed | <input type="checkbox"/> Basement | <input type="checkbox"/> Deck | <input type="checkbox"/> Boathouse/boat shelter |
| <input type="checkbox"/> Sunroom | <input type="checkbox"/> Entryway | <input type="checkbox"/> Loft | <input type="checkbox"/> Additional living area |
| <input type="checkbox"/> Well house | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Walkway | <input type="checkbox"/> Enclosed or covered porch |
| <input type="checkbox"/> Kennel/animal shelter | <input type="checkbox"/> Change of use | <input type="checkbox"/> Patio | <input type="checkbox"/> Other: _____ |

(All items checked must be listed as a project on this application. This is not an all-inclusive list. Please add any items not specified on the list above under "Other" items.)

Is a survey map or accurate drawing of the property available? If so please attach. If not, provide a drawing of the boundaries of the property, the location of all existing structures, proposed new structures/additions and show the following measurements:

_____ feet to centerline of road _____ feet to right-of-way _____ feet to both side lot lines
 _____ feet to septic tank _____ feet to absorption area _____ feet to ordinary high water mark
 _____ feet to wetland area

Drawings must be accurate and to scale if possible (1 square = 10 ft) (indicate north with arrow)

A full-page sheet of white graph paper featuring a uniform grid of thin black lines. The grid consists of small squares covering the entire area. A single horizontal line runs across the middle of the page, slightly above the vertical center, dividing the grid into two unequal parts. This line likely serves as a margin or a baseline for writing.

Project Details:

1. Indicate present and proposed use of the property:_____
2. Are blueprints or plans available for the project(s)? If so, please attach. If not, please provide a scaled drawing of the structure(s) .
3. What is the roof pitch?_____
4. Describe roofing material:_____

Describe project in detail:

[illegible]

Are architectural, engineering, or contractor plans available for the building(s) and/or other structures on the property? If so, please attach. If not, please provide a scaled drawing of the buildings below.

Drawings must be accurate and to scale if possible (1 square = 4 ft) (indicate north with arrow)

A full-page sheet of white graph paper featuring a uniform grid of thin black horizontal and vertical lines. The grid consists of small squares covering the entire area. There are no margins, text, or other markings on the page.

PROPOSED PROJECT DETAIL

Project 1:		Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____			Sq ft: (specify each level) Total sq ft = _____
Total fair market value, including labor upon completion: \$ _____		Fee: \$ _____	
Project 2:		Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____			Sq ft: (specify each level) Total sq ft = _____
Total fair market value, including labor upon completion: \$ _____		Fee: \$ _____	
Project 3:		Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____			Sq ft: (specify each level) Total sq ft = _____
Total fair market value, including labor upon completion: \$ _____		Fee: \$ _____	
Project 4:		Permit type: <i>(office use only)</i>	Permit sub-type: <i>(office use only)</i>
Building Dimensions: Length _____ Width _____ Height _____ # of stories _____			Sq ft: (specify each level) Total sq ft = _____
Total fair market value, including labor upon completion: \$ _____		Fee: \$ _____	

ZONING PERMIT EXPIRATION: A Zoning Permit shall expire two years from the date of issuance and may not be renewed. The footings, foundation or slab and the outside shell of the structure must be complete at the time the original permit expires. If the footings, foundation or slab and the outside shell are not complete within two years, a new Zoning Permit must be applied for and approved.

APPLICANTS CERTIFICATION: The undersigned hereby applies for the above-described Zoning Permit and certifies that the information provided is complete, accurate, and that all projects will be completed in compliance with the requirements of the Oneida County Zoning & Shorelands Protection Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (owner/agent) _____ Date _____

Signature (owner/agent) _____ Date _____

OFFICE USE ONLY

Zoning district: _____		Report code: _____	
Overlay District: _____		Have the dwelling overlay district size requirements been met (S. 9.73)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No		Map #:	FIRM dated:
This application has been reviewed pursuant to Ordinance dated: _____			
Remarks and/or conditions of issuance:			
Sanitary inspection fee:		Total fee:	Receipt #:
Granted by:		Issued date:	
_____ Zoning Director's signature (staff initials) Committee approval (Revised 6/04)		Expiration date:	